

SECTION 9: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator _____ Date _____

I have attached the following documents:

- ☐ Maps of all parcels/fields (showing adjoining land use and field identification)
- ☐ Field history sheets
- ☐ Documentation for fields owned or rented for less than three years, if applicable
- ☐ Water test, if applicable
- ☐ Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable

- ☐ I have made copies of this questionnaire and other supporting documents for my own records.

Submit completed form, fees, and supporting documents to:

Brandon.Lamb@agri.idaho.gov

or to

**Idaho State Department of Agriculture
2270 Old Penitentiary Road
Boise, ID 83701-0790**